

United States Senate

COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Darin Gordon
Deputy Commissioner
Tennessee Bureau of TennCare
State of Tennessee
310 Great Circle Dr.
Nashville, TN 37243

Dear Deputy Commissioner Gordon:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Tennessee's Medicaid program and what steps Tennessee takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Tennessee's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,

A handwritten signature in dark ink, appearing to read "Chuck Grassley". The signature is fluid and cursive, with the first name "Chuck" and last name "Grassley" clearly distinguishable.

Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

May 25, 2010

The Honorable Charles E. Grassley
United States Senate
Ranking Member
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley,

I am writing in response to your letter of April 21, 2010 in which you request information concerning eight different medications – five atypical antipsychotics, two narcotic analgesics and one benzodiazepine. Before responding directly to your request, I would like to summarize the controls Tennessee's Medicaid program (TennCare) has in place to combat inappropriate prescribing of each of these categories of medications.

- **Atypical antipsychotics** – TennCare requires prior authorization for all atypical antipsychotics. This provides an opportunity to assure the drug has been prescribed for an approved indication. TennCare also has quantity limits associated with each of these medications, with prior approval required for any prescription for a dosage/amount exceeding those limits.
- **Narcotic analgesics** – TennCare requires prior authorization for all long-acting narcotic analgesics and has quantity limits for all (short and long-term) narcotic analgesics. Point-of-sale edits limit patients to no more than one short acting and one long acting narcotic per month. In addition, on a semi-annual basis TennCare identifies the top 50 prescribers of narcotic drugs and directs our managed care organizations to investigate and either confirm that the prescribers are practicing appropriately (e.g. the prescriber is a cancer specialist treating many terminally ill patients) or take action to address any questionable prescribing practices.
- **Benzodiazepines** – TennCare is the only Medicaid program in the country that has elected not to cover benzodiazepines, which are currently an optional category under Title XIX. As a result of federal EPSDT requirements, these drugs are available for individuals under the age of 21. Beginning in 2014, PPACA requires coverage of these medications.

The Honorable Charles E. Grassley
May 25, 2010
Page 2

In addition to the drug-specific controls noted above, TennCare works with a committee of practicing physicians and pharmacists (the RetroDUR committee) to identify and act upon any concerning provider prescribing patterns. Similarly, TennCare regularly analyzes patient drug utilization patterns and takes action to "lock" patients into a single pharmacy if drug seeking behavior is suspected. Finally, most adults in the TennCare program are subject to a 5 prescription per month limit, of which no more than two prescriptions may be for brand name medications. Early refills are prohibited.

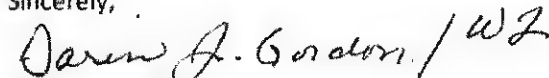
Beyond the safeguards within the TennCare program, Tennessee operates a Controlled Substance Database that prescribers can query to obtain information on all controlled substances a patient has received, regardless of payment source. Tennessee also recently passed legislation making "doctor shopping" a felony. The Office of the Inspector General aggressively investigates suspected patient fraud and abuse, while the Tennessee Bureau of Investigation investigates suspected provider fraud and abuse.

With that information as a backdrop, we have included a spreadsheet providing summary data on the top ten prescribers of each of the eight drugs you identified, including the number of prescriptions written by each prescriber and the total amount paid for each drug for the years 2008 and 2009. We have listed the prescribers only as Prescriber 1, Prescriber 2, etc. We believe that other information such as specialty, practice type and size, adherence to evidence-based treatment guidelines, etc. is needed to accurately interpret this data and that identifying these providers could lead to severe consequences stemming from faulty conclusions.

In conclusion, we share your commitment to ensure that taxpayer dollars are appropriately spent. We have implemented a multi-faceted approach to achieving that end in our pharmacy program. We agree that monitoring of prescribing practices is an integral component of efforts to combat fraud and abuse; however, such monitoring must be conducted in a manner that minimizes the likelihood of unfounded allegations against the prescribing community.

Please feel free to call me if you have any additional questions.

Sincerely,

A handwritten signature in black ink that reads "Darin J. Gordon" followed by a stylized flourish or initials "WZ".

Darin J. Gordon

Director, Bureau of TennCare

Abilify

Abilify Top Prescribers CY03

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
1	754	\$389,447.68	237
2	586	\$251,262.42	279
3	470	\$195,836.12	106
4	470	\$236,918.24	186
5	335	\$138,794.28	160
6	332	\$168,411.10	91
7	319	\$185,412.03	115
8	308	\$143,466.03	98
9	300	\$95,148.61	49
10	297	\$149,510.46	108
TOTAL	4,171	\$1,954,206.97	1,429

Abilify Top Prescribers CY04

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
1	1,119	\$583,331.93	387
2	1,082	\$494,896.53	429
3	765	\$333,369.13	198
10	657	\$314,237.02	269
7	611	\$341,463.17	186
11	610	\$302,004.55	224
6	494	\$256,916.63	163
12	458	\$298,272.33	172
13	442	\$207,931.27	163
14	427	\$229,556.70	178
TOTAL	6,665	\$3,361,979.26	2,369

Gordon

Gordon Top Prescribers CVR

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
15	360	\$142,556.80	80
8	303	\$113,228.72	126
16	299	\$83,800.32	106
2	251	\$103,819.73	132
17	247	\$67,643.48	79
18	218	\$89,358.62	76
19	207	\$70,504.66	75
4	204	\$70,599.85	100
20	191	\$88,774.19	66
21	191	\$85,065.42	54
TOTAL	2,471	\$915,351.79	894

Gordon Top Prescribers CVR

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
22	421	\$169,608.21	93
15	295	\$112,695.19	61
19	270	\$98,678.27	75
16	261	\$81,053.50	70
2	260	\$114,387.55	110
11	219	\$65,611.84	89
8	200	\$84,731.33	83
23	179	\$83,300.36	46
24	178	\$70,834.11	93
25	178	\$71,662.13	40
TOTAL	2,461	\$952,562.49	760

Seroquel

Seroquel Top Prescribers CYP

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
8	1,041	\$397,945.52	412
14	902	\$328,752.69	363
10	853	\$292,894.68	292
20	785	\$349,996.23	243
4	775	\$259,184.57	317
26	669	\$262,180.98	194
27	647	\$225,053.98	195
9	621	\$111,409.67	122
25	543	\$256,450.05	147
6	525	\$108,605.41	156
TOTAL	7,361	\$2,592,473.78	2,441

Seroquel Top Prescribers CYP

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
22	1,156	\$428,694.09	302
19	877	\$285,510.97	273
9	811	\$153,018.18	157
8	771	\$358,401.33	278
10	768	\$295,049.00	266
28	764	\$317,188.71	190
14	710	\$287,799.17	248
6	621	\$151,969.68	169
1	618	\$252,688.17	272
29	576	\$70,126.94	118
TOTAL	7,672	\$2,600,446.24	2,273

Oxycontin*

Oxycontin Top Prescribers CYN 8

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
30	578	\$319,118.47	216
31	465	\$261,544.89	190
32	285	\$147,832.92	89
39	188	\$121,637.35	69
33	178	\$99,006.94	104
50	167	\$78,488.89	42
37	160	\$62,266.82	56
35	150	\$59,375.30	56
51	147	\$42,239.38	31
53	139	\$171,655.48	31
TOTAL	2,457	\$1,363,166.44	884

Oxycontin Top Prescribers CYN 9

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
31	425	\$296,155.77	154
30	356	\$243,988.55	146
50	218	\$121,414.61	50
41	212	\$144,708.90	105
37	198	\$86,062.12	44
33	183	\$116,359.09	102
35	175	\$79,044.75	46
36	173	\$77,869.29	251
43	142	\$90,388.43	79
51	326	\$13,537.22	124
TOTAL	2,408	\$1,269,528.73	1,101

*Generics are included

Risperdal*

Risperdal Top Prescribers CYS

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
44	1,670	\$359,819.15	503
8	985	\$386,331.82	414
45	983	\$144,235.78	318
46	961	\$308,813.05	382
10	918	\$245,925.18	382
4	854	\$254,018.33	442
47	794	\$186,461.82	359
48	781	\$174,420.48	275
6	696	\$196,023.38	275
19	663	\$286,155.53	307
TOTAL	9,305	\$2,542,204.52	3,657

Risperdal Top Prescribers QY05

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
22	1,481	\$351,947.79	579
44	1,293	\$168,850.59	375
23	1,207	\$396,540.69	465
47	1,076	\$159,792.21	468
19	927	\$294,067.13	381
45	917	\$82,287.72	316
48	892	\$101,056.59	293
8	880	\$260,031.24	342
12	868	\$106,692.75	328
49	851	\$215,745.98	386
TOTAL	10,392	\$2,137,012.69	3,933

*Generics are included

Rox/codone*

Rox/codone Top Prescribers C19

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
30	1,403	\$73,161.86	606
31	1,103	\$56,416.29	541
32	583	\$35,181.37	224
33	369	\$11,519.76	242
34	346	\$19,296.94	237
35	301	\$8,772.44	175
42	294	\$12,682.82	97
36	280	\$7,053.33	106
38	265	\$12,910.12	119
54	252	\$6,061.75	61
TOTAL	5,196	\$243,056.68	2,408

Rox/codone Top Prescribers C19

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
31	984	\$51,839.25	506
30	954	\$52,754.66	479
40	782	\$34,351.22	404
42	555	\$22,290.10	160
41	514	\$31,302.02	321
55	385	\$17,662.81	203
36	383	\$10,520.85	140
33	383	\$16,722.44	251
4	346	\$4,835.60	267
35	326	\$13,537.22	124
TOTAL	5,612	\$255,816.17	2,855

*Generics are included

Xanax***Xanax Top Prescribers CY09**

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
56	353	\$2,847.59	117
57	135	\$1,210.44	55
14	112	\$648.68	44
58	97	\$592.75	14
59	80	\$602.04	26
60	76	\$776.03	24
52	61	\$307.04	28
61	55	\$268.06	12
62	54	\$176.68	34
63	51	\$743.31	18
TOTAL	1,074	\$8,172.62	372

Xanax Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
56	287	\$2,542.74	89
64	203	\$1,724.40	56
57	179	\$1,894.41	71
60	177	\$1,664.19	57
65	146	\$898.03	46
58	102	\$739.76	14
14	99	\$665.69	33
66	91	\$644.78	27
67	88	\$761.10	28
68	79	\$725.62	14
TOTAL	1,451	\$12,260.72	435

*Generics are included

Zyprexa

Zyprexa Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
8	330	\$272,698.59	78
4	291	\$191,771.54	126
10	278	\$195,917.12	67
25	260	\$161,230.80	49
44	223	\$75,290.15	56
69	182	\$139,708.94	52
70	181	\$163,956.71	24
71	179	\$154,513.28	52
72	174	\$108,422.30	76
73	171	\$123,254.55	34
TOTAL	2,269	\$1,586,763.98	614

Zyprexa Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients
8	309	\$289,814.61	60
74	275	\$226,631.94	102
19	274	\$151,369.57	77
22	257	\$162,698.19	68
72	228	\$134,137.11	67
75	228	\$153,592.56	42
70	220	\$218,318.66	28
4	212	\$144,260.70	72
76	203	\$131,066.16	55
10	197	\$138,122.89	52
TOTAL	2,403	\$1,750,012.39	623

PATRICK J. LEAHY, VERMONT, CHAIRMAN

HERB KOHL, WISCONSIN
DIANNE FEINSTEIN, CALIFORNIA
CHARLES E. SCHUMER, NEW YORK
RICHARD J. DURBIN, ILLINOIS
SHELDON WHITEHOUSE, RHODE ISLAND
AMY KLOBUCHAR, MINNESOTA
AL FRANKEN, MINNESOTA
CHRISTOPHER A. COONS, DELAWARE
RICHARD BLUMENTHAL, CONNECTICUT

CHARLES E. GRASSLEY, IOWA
ORRIN G. HATCH, UTAH
JON KYL, ARIZONA
JEFF SESSIONS, ALABAMA
LINDSEY O. GRAHAM, SOUTH CAROLINA
JOHN CORNYN, TEXAS
MICHAEL S. LEE, UTAH
TOM COBURN, OKLAHOMA

United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6276

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Darin J. Gordon

Director

Bureau of TennCare

310 Great Circle Road

Nashville, Tennessee 37243

Dear Mr. Gordon:

On May 25, 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in Tennessee, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, the top two medical prescribers of Abilify in 2009 wrote nearly one third of the 6,665 scripts written by the top ten prescribers. Likewise, the top two prescribers of Roxicodone wrote over a third of the 5,612 scripts written by the top ten prescribers.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee on remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 Great Circle Road
Nashville, Tennessee 37243**

March 1, 2012

The Honorable Charles E. Grassley
United States Senate
Ranking Member
Committee on Judiciary
Washington, DC 20510-6275

Dear Senator Grassley,

We agree that inappropriate prescribing is a serious problem that can result in patient safety concerns and increased costs to the healthcare system. For this reason, TennCare has invested a great deal of effort to develop a multi-faceted approach to ensure that medications are used appropriately within our program. Beginning in 2004, TennCare implemented various point of sale edits to identify early refills, duplicate therapy, high doses, and drug-drug interactions. We also implemented a preferred drug list, which placed clinical criteria and quantity limits on many highly abused medications, including atypical antipsychotics and narcotic analgesics. In August of 2005, we adopted monthly prescription limits for non-institutionalized adults, limiting them to a maximum of 5 prescriptions per month, of which no more than two could be branded medications. TennCare also has an extensive pharmacy lock-in program that restricts individuals who appear to be abusing controlled substances to only one pharmacy.

As a result of these strategies, our program has significantly reduced drug utilization and spend, transforming from a \$2.4 Billion/year program that averaged 6 prescriptions per utilizing member per month to a \$780 Million/year program that averages 3 prescriptions per utilizing member per month. In addition, we have seen positive results from our pharmacy lock-in program, with our latest data analysis reflecting significant reductions for lock-in recipients in all of the following metrics: total prescription volume (-31.5%), total prescription spend (-26.4%), controlled substance volume (-45.8%), controlled substance spend (-31.6%), total physicians (-25.8%), and total pharmacies (-45.1%).

In addition to these efforts by TennCare, the Governor has recently introduced legislation that would create a multi-agency approach to address fraud and abuse of controlled substances within the state. It proposes expanded access to Tennessee's controlled substance database, mandatory checks of this database whenever prescribing or dispensing a controlled substance, and more severe penalties for failure to report any known fraud or abuse.

Given that information as a backdrop, we have included a spreadsheet providing summary data on the top ten prescribers of each of the eight drugs you identified, including the number of prescriptions written by each prescriber and the total amount paid for each drug in the years 2010 and 2011. As with our previous submission, we have blinded the listing of prescribers, using numerical and alphabetic codes. (Please note, prescribers with numeric codes are those who appeared on our reports for 2008 and 2009. Prescriber #1 in the 2008 and 2009 data would be reflected as Prescriber #1 in the 2010 and 2011 data, as well. Prescribers new to the report in 2010 and 2011 were assigned an alphabetic code.) In addition, we have also provided you with follow-up data on whether each of the providers identified in the 2008 and 2009 reports are still able to bill the TennCare program.

In conclusion, we share your commitment to ensure that taxpayer dollars are appropriately spent. However, we believe that other information, including but not limited to provider specialty, practice type and size, and adherence to evidence-based treatment guidelines, is needed to accurately interpret this data. To attempt to decipher the data without this additional insight may result in faulty conclusions.

Please feel free to call me if you have any additional questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. J. Gordon", with a stylized flourish at the end.

Darin J. Gordon

Deputy Commissioner

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

TennCare routinely reviews prescription claims data and shares such data with the managed care organizations (MCOs). When TennCare identifies a potential problem with a prescriber, the MCOs with which the provider is contracted assess the appropriateness of that provider's prescribing practices. In the case of prescribers who appear to be practicing outside the normal standard of care who are not contracted with any of the MCOs, TennCare's Drug Utilization Review (DUR) Board conducts further review. The DUR process involves review of blinded prescription history data and a subsequent decision regarding whether or not to block future prescriptions from the prescriber. Thus far, this DUR process has resulted in blocking 3 of the prescribers identified in Senator Grassley's initial request, with several others under review.

Any prescribers blocked by this process are referred to the Tennessee Board of Medical Examiners, as well as referred to the TennCare Provider Review Committee to determine if the provider should be reported to the Tennessee Medicaid Fraud Control Unit.

2. If there has been no action taken with respect to these prescribers, please explain why not.

As we mentioned in our response to the initial data inquiry in 2010, TennCare has many different controls in place to combat fraud and abuse. Our Retrospective Drug Utilization Review Board is composed of practicing physicians and pharmacists that identify and act upon any concerning provider prescribing patterns. Our pharmacy lock-in program involves regularly analyzing patient drug utilization patterns and taking action to "lock" patients into a single pharmacy if drug seeking behavior is suspected. In addition, we have monthly prescription limits, early refill edits, therapeutic duplication edits, and high dose edits. Furthermore, Tennessee operates a Controlled Substance Database that prescribers are required to check as part of the prior authorization criteria for narcotic analgesics. These controls have helped to reduce our overall narcotic use \$1% from over 2.6 million prescriptions per year in 2005 to a little over 1.2 million today.

We agree that monitoring of prescribing practices is an integral component of efforts to combat fraud and abuse; however, such monitoring must be conducted in a manner that minimizes the likelihood of unfounded allegations against the prescribing community. Information such as specialty, practice type and size, adherence to evidence-based treatment guidelines, etc. is needed to accurately interpret pharmacy claims data. We believe that the controls we

have in place within our program allow us to adequately monitor and interpret our prescribing data and take appropriate action when needed.

- 3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.**

Please see the attached CY08 spreadsheet indicating which prescribers remain eligible to bill the Medicaid Program (reflected in Column E).

- 4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.**

Please see the attached spreadsheet reflecting the top prescribers of the selected drugs for calendar years 2010 and 2011. As before, we have provided blinded data for the medications requested. We used the same Provider ID numbers for providers who appeared on the initial request and a letter ID for providers who did not appear on the previous report.

- 5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?**

The MCOs perform these checks as part of the provider credentialing process. Provider credentialing is performed on all providers when they initially join the MCO network, and then recredentialing is performed every 3 years thereafter. In addition, TennCare is in the process of moving to a provider registration process utilizing a Universal Provider Data source that will perform monthly checks through the state medical board.

- 6. Have any of the prescribers identified to this Committee been referred to your state medical board?**

Any prescribers determined by the DUR Board to be prescribing outside the standard of care and subsequently blocked from filling prescriptions for the TennCare program are referred to the state board of medical examiners. At this time, 3 of the prescribers identified in Senator Grassley's initial request have been referred to the Tennessee Board of Medical Examiners.

- 7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?**

Yes, the TennCare program runs a semi-annual report to identify the top narcotics prescribers. This report is distributed to the MCOs for them to use in determining whether a corrective action plan is needed for any of their

prescribers. In addition, TennCare uses this report to identify outlier prescribers not participating in an MCO network who should be reviewed by the DUR Board for future blocking.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?

We are not aware of any recent guidance that has been issued regarding this topic and have not received training from CMS.

9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?

Yes, our state has a statewide electronic Controlled Substance Database. Access is granted to: authorized committee, board, or department of health personnel engaged in analysis of controlled substances prescription information as a part of the assigned duties and responsibilities of their employment; licensed health care practitioners having authority to prescribe or dispense controlled substances; licensed pharmacists having authority to dispense controlled substances; personnel with Office of Inspector General and the Medicaid Fraud Control Unit actively engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities related directly to TennCare: the bureau of TennCare's chief medical officer, associate chief medical directors, director of quality oversight, and associate director of pharmacy; law enforcement personnel provided, that such personnel are engaged in the official investigation and enforcement of state or federal laws involving controlled substances.

10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

Yes, our state has max dose edits, quantity limits, prior authorization criteria, therapeutic duplication edits, and early refill edits. All atypical antipsychotics have clinical criteria that must be met prior to being approved by TennCare. All narcotic analgesics have quantity limits, and many require prior authorization before they will be approved. Due to the various controls we have in place, we have observed a 51% reduction in narcotic analgesic claim volume, a 57% reduction in narcotic analgesic spend, and a 48% reduction in atypical antipsychotics spend since 2005. Additionally, all benzodiazepines and barbiturates are not a covered service for adult recipients (age 21 and older). It should be noted; however, that beginning in 2014 due to a provision in the Affordable Care Act we will be required to begin covering benzodiazepines and barbiturates for adult recipients.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-based retrospective reviews?

Yes, several of these top prescribers were identified through DUR reviews of high narcotics prescribing.

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Yes, TennCare has several different programs geared towards ensuring appropriate use of antipsychotics in children and adolescents. A couple years ago, TennCare formed a multidisciplinary workgroup to examine use of atypical antipsychotics (AAPs) in preschool age children. This workgroup examined prescription claims data and investigated any utilization involving high doses or medications with little data supporting use in the pediatric population. One of the key activities of this workgroup was provider education, through distribution of an article published in the Journal of the American Academy of Child and Adolescent Psychiatry in December, 2007 titled: "Psychopharmacological Treatment for Very Young Children: Contexts and Guidelines" by Gleason et al. to prescribers having many pediatric patients on these drugs. This article provides an evidence-based discussion of the appropriate use of AAPs in children.

TennCare also works closely with the Department of Children's Services (DCS), which has an active process for monitoring any children in state custody on antipsychotic medications. In collaboration with DCS and the Department of Mental Health, TennCare is applying to participate in a learning collaborative with the Center for Health Care Strategies, to further refine our processes and share best practices with participating states. TennCare also utilizes Centers of Excellence in Child Mental Health at five locations throughout the state to provide consultation and evaluation of complex cases, including children requiring multiple psychotropic medications. These Centers of Excellence are located at major academic and clinical sites in Nashville, Memphis, Chattanooga, Knoxville, and Johnson City, TN.

In addition, our DUR Board has developed drug utilization review letters aimed at educating prescribers on appropriate use of atypical antipsychotics.

Top 10 Prescribers:***Abilify 2010***

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
3	186	810 \$	405,913.30
2	276	807 \$	414,987.76
7	196	762 \$	462,601.94
1	186	638 \$	370,295.81
6	185	626 \$	357,894.18
10	225	615 \$	306,300.50
12	194	542 \$	398,044.87
A	180	538 \$	278,172.31
8	188	513 \$	269,095.60
13	148	446 \$	233,735.34
	1964	6297 \$	3,497,041.61

Abilify 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	291	990 \$	554,573.04
2	276	863 \$	471,052.74
7	219	837 \$	593,132.39
3	183	769 \$	443,032.74
C	257	707 \$	356,803.34
44	157	570 \$	302,508.02
6	149	541 \$	349,704.99
D	189	528 \$	320,068.28
17	152	528 \$	317,409.57
8	183	503 \$	293,697.04
	2056	6836 \$	4,001,982.15

Top 10 Prescribers:***Geodon 2010***

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
D	125	295 \$	118,078.92
15	63	254 \$	124,680.11
16	56	245 \$	83,308.88
8	72	240 \$	108,719.77
2	77	232 \$	117,225.23
7	81	218 \$	72,806.02
E	40	207 \$	85,997.71
24	65	180 \$	75,073.04
70	31	180 \$	69,135.73
12	60	178 \$	69,160.63
	670	2229 \$	924,186.04

Geodon 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	141	526 \$	250,176.89
7	114	357 \$	132,159.18
D	133	329 \$	155,275.84
70	35	233 \$	106,513.20
16	53	230 \$	91,976.93
8	51	223 \$	107,734.19
24	61	201 \$	98,334.95
64	55	193 \$	84,150.87
15	36	185 \$	95,506.62
19	59	183 \$	85,133.97
	738	2660 \$	1,206,962.64

Top 10 Prescribers:

Oxycontin 2010

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost	
31	134	322	\$ 233,307.90	BLOCKED
41	128	281	\$ 202,616.36	
35	52	259	\$ 120,304.58	
30	108	219	\$ 158,302.39	BLOCKED
37	46	195	\$ 88,596.62	
F	91	182	\$ 66,123.13	
50	28	136	\$ 82,256.54	
51	17	128	\$ 49,363.06	
53	28	117	\$ 185,895.41	
G	25	102	\$ 40,278.31	
	657	1941	\$ 1,227,044.30	

Oxycontin 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost	
H	66	154	\$ 109,776.23	
35	21	144	\$ 74,684.18	
I	54	123	\$ 83,594.90	
37	20	115	\$ 61,540.69	
51	12	108	\$ 49,510.99	
41	50	106	\$ 74,445.33	
J	26	92	\$ 42,324.22	
K	32	85	\$ 46,739.68	
L	22	79	\$ 28,621.34	
50	12	76	\$ 40,798.64	
	315	1082	\$ 612,036.20	

Top 10 Prescribers:***Risperdal 2010***

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
44	308	1728 \$	83,852.41
8	289	1201 \$	282,636.97
M	335	991 \$	146,147.90
12	234	990 \$	49,110.82
N	249	966 \$	147,949.61
O	220	882 \$	37,451.92
45	165	782 \$	17,064.84
P	285	728 \$	99,036.10
10	196	725 \$	36,483.70
48	165	723 \$	23,593.68
	2446	9716 \$	923,327.95

Risperdal 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	622	2084 \$	220,750.85
44	378	1736 \$	59,579.90
8	309	1148 \$	329,971.41
7	271	1058 \$	33,807.81
O	237	949 \$	33,204.50
M	346	945 \$	137,581.42
19	297	808 \$	85,946.64
47	174	776 \$	61,601.55
Q	79	713 \$	10,350.19
R	230	691 \$	260,035.16
	2943	10908 \$	1,232,829.43

Top 10 Prescribers:

Roxicodone 2010

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost	
5	261	678 \$	22,644.01	
41	286	610 \$	38,788.25	
31	275	556 \$	34,973.01	BLOCKED
55	240	540 \$	24,573.85	
30	257	470 \$	28,404.91	BLOCKED
35	118	462 \$	20,071.68	
42	144	440 \$	18,431.02	
T	164	366 \$	10,744.29	
U	214	354 \$	21,968.68	
V	91	321 \$	10,146.67	
	2050	4797 \$	230,746.37	

Roxicodone 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost	
W	316	826 \$	24,384.80	
X	215	656 \$	17,140.71	
Y	295	605 \$	15,636.83	
35	148	598 \$	14,956.16	
Z	285	576 \$	15,514.77	BLOCKED
42	140	558 \$	16,182.60	
5	226	555 \$	14,648.88	
AA	174	529 \$	14,018.96	
AB	155	517 \$	14,439.01	
AC	305	485 \$	12,067.03	
	2259	5905 \$	158,989.75	

Top 10 Prescribers:

Seroquel 2010

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
8	286	824 \$	412,736.61
N	190	752 \$	337,931.77
10	202	717 \$	294,837.51
AD	352	710 \$	123,072.53
6	173	644 \$	178,584.44
E	156	591 \$	194,213.41
7	163	584 \$	238,246.85
AE	138	582 \$	277,475.56
9	133	553 \$	144,455.66
AF	213	544 \$	163,947.91
	2006	6501 \$	2,365,502.25

Seroquel 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	380	1278 \$	576,222.22
AE	227	753 \$	384,164.70
8	247	707 \$	399,923.12
19	208	606 \$	269,350.86
7	135	541 \$	248,119.26
10	130	500 \$	233,253.17
2	181	499 \$	217,269.13
6	136	494 \$	146,194.04
AG	117	490 \$	201,645.45
AH	140	484 \$	175,532.51
	1901	6352 \$	2,851,674.46

Top 10 Prescribers:***Xanax 2010***

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
64	79	317 \$	2,730.83
60	45	201 \$	1,700.17
65	50	190 \$	1,014.79
58	8	83 \$	650.42
AI	34	78 \$	510.91
AJ	24	77 \$	515.67
14	19	74 \$	467.54
AK	33	73 \$	647.32
66	17	65 \$	432.45
AL	21	60 \$	323.74
	330	1218 \$	8,993.84

Xanax 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
64	43	236 \$	1,817.22
AM	24	90 \$	743.13
58	10	80 \$	619.64
AN	14	77 \$	499.50
60	23	68 \$	508.92
AO	12	63 \$	2,368.58
AK	27	62 \$	743.57
14	11	53 \$	294.26
AJ	12	52 \$	326.28
66	16	46 \$	298.49
	192	827 \$	8,219.59

Top 10 Prescribers:

Zyprexa 2010

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
74	161	516 \$	467,613.11
E	116	483 \$	293,484.03
8	69	343 \$	354,768.09
N	53	228 \$	178,774.71
72	66	228 \$	165,922.73
10	50	223 \$	164,773.82
70	38	213 \$	221,237.26
4	82	202 \$	123,713.17
76	71	200 \$	149,665.31
AP	29	185 \$	196,654.57
	735	2821 \$	2,316,606.80

Zyprexa 2011

Blinded Prescriber ID	# of Unique Members	Claim volume	Total Cost
B	188	539 \$	444,026.48
74	179	502 \$	547,746.83
8	85	325 \$	413,405.73
R	109	297 \$	290,711.52
AQ	141	289 \$	217,951.27
19	106	263 \$	226,876.26
70	59	263 \$	276,507.07
N	67	214 \$	183,881.11
AR	34	193 \$	144,804.05
A5	80	182 \$	142,915.09
	1048	3067 \$	2,888,825.41

Abilify

Abilify Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
1	754	\$389,447.68	237	Yes
2	586	\$251,262.42	279	Yes
3	470	\$195,836.12	106	Yes
4	470	\$236,918.24	186	Yes
5	335	\$138,794.28	160	Yes
6	332	\$168,411.10	91	Yes
7	319	\$185,412.03	115	Yes
8	308	\$143,466.03	98	Yes
9	300	\$95,148.61	49	Yes
10	297	\$149,510.46	108	Yes
TOTAL	4,171	\$1,954,206.97	1,429	

Abilify Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
1	1,119	\$583,331.93	387	Yes
2	1,082	\$494,896.53	429	Yes
3	765	\$333,369.13	198	Yes
10	657	\$314,237.02	269	Yes
7	611	\$341,463.17	186	Yes
11	610	\$302,004.55	224	Yes
6	494	\$256,916.63	163	Yes
12	458	\$298,272.33	172	Yes
13	442	\$207,931.27	163	Yes
14	427	\$229,556.70	178	Yes
TOTAL	6,665	\$3,361,979.26	2,369	

Geodon

Geodon Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
15	360	\$142,556.80	80	Yes
8	303	\$113,228.72	126	Yes
16	299	\$83,800.32	106	Yes
2	251	\$103,819.73	132	Yes
17	247	\$67,643.48	79	Yes
18	218	\$89,358.62	76	Yes
19	207	\$70,504.66	75	Yes
4	204	\$70,599.85	100	Yes
20	191	\$88,774.19	66	Yes
21	191	\$85,065.42	54	Yes
TOTAL	2,471	\$915,351.79	894	

Geodon Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	421	\$169,608.21	93	Yes
15	295	\$112,695.19	61	Yes
19	270	\$98,678.27	75	Yes
16	261	\$81,053.50	70	Yes
2	260	\$114,387.55	110	Yes
11	219	\$65,611.84	89	Yes
8	200	\$84,731.33	83	Yes
23	179	\$83,300.36	46	Yes
24	178	\$70,834.11	93	Yes
25	178	\$71,662.13	40	Yes
TOTAL	2,461	\$952,562.49	760	

Seroquel

Seroquel Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	1,041	\$397,945.52	412	Yes
14	902	\$328,752.69	363	Yes
10	853	\$292,894.68	292	Yes
20	785	\$349,996.23	243	Yes
4	775	\$259,184.57	317	Yes
26	669	\$262,180.98	194	Yes
27	647	\$225,053.98	195	Yes
9	621	\$111,409.67	122	Yes
25	543	\$256,450.05	147	Yes
6	525	\$108,605.41	156	Yes
TOTAL	7,361	\$2,592,473.78	2,441	

Seroquel Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	1,156	\$428,694.09	302	Yes
19	877	\$285,510.97	273	Yes
9	811	\$153,018.18	157	Yes
8	771	\$358,401.33	278	Yes
10	768	\$295,049.00	266	Yes
28	764	\$317,188.71	190	Yes
14	710	\$287,799.17	248	Yes
6	621	\$151,969.68	169	Yes
1	618	\$252,688.17	272	Yes
29	576	\$70,126.94	118	Yes
TOTAL	7,672	\$2,600,446.24	2,273	

Oxycontin*

Oxycontin Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
30	578	\$319,118.47	216	No
31	465	\$261,544.89	190	No
32	285	\$147,832.92	89	Yes
39	188	\$121,637.35	69	Yes
33	178	\$99,006.94	104	Yes
50	167	\$78,488.89	42	Yes
37	160	\$62,266.82	56	Yes
35	150	\$59,375.30	56	Yes
51	147	\$42,239.38	31	Yes
53	139	\$171,655.48	31	Yes
TOTAL	2,457	\$1,363,166.44	884	

Oxycontin Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
31	425	\$296,155.77	154	No
30	356	\$243,988.55	146	No
50	218	\$121,414.61	50	Yes
41	212	\$144,708.90	105	Yes
37	198	\$86,062.12	44	Yes
33	183	\$116,359.09	102	Yes
35	175	\$79,044.75	46	Yes
36	173	\$77,869.29	251	Yes
43	142	\$90,388.43	79	Yes
51	326	\$13,537.22	124	Yes
TOTAL	2,408	\$1,269,528.73	1,101	

*Generics are included

Risperdal*

Risperdal Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
44	1,670	\$359,819.15	503	Yes
8	985	\$386,331.82	414	Yes
45	983	\$144,235.78	318	Yes
46	961	\$308,813.05	382	Yes
10	918	\$245,925.18	382	Yes
4	854	\$254,018.33	442	Yes
47	794	\$186,461.82	359	Yes
48	781	\$174,420.48	275	Yes
6	696	\$196,023.38	275	Yes
19	663	\$286,155.53	307	Yes
TOTAL	9,305	\$2,542,204.52	3,657	

Risperdal Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
22	1,481	\$351,947.79	579	Yes
44	1,293	\$168,850.59	375	Yes
23	1,207	\$396,540.69	465	Yes
47	1,076	\$159,792.21	468	Yes
19	927	\$294,067.13	381	Yes
45	917	\$82,287.72	316	Yes
48	892	\$101,056.59	293	Yes
8	880	\$260,031.24	342	Yes
12	868	\$106,692.75	328	Yes
49	851	\$215,745.98	386	Yes
TOTAL	10,392	\$2,137,012.69	3,933	

*Generics are included

Roxicodone*

Roxicodone Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
30	1,403	\$73,161.86	606	No
31	1,103	\$56,416.29	541	No
32	583	\$35,181.37	224	Yes
33	369	\$11,519.76	242	Yes
34	346	\$19,296.94	237	Yes
35	301	\$8,772.44	175	Yes
42	294	\$12,682.82	97	Yes
36	280	\$7,053.33	106	Yes
38	265	\$12,910.12	119	Yes
54	252	\$6,061.75	61	Yes
TOTAL	5,196	\$243,056.68	2,408	

Roxicodone Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
31	984	\$51,839.25	506	No
30	954	\$52,754.66	479	No
40	782	\$34,351.22	404	No (Blocking in process)
42	555	\$22,290.10	160	Yes
41	514	\$31,302.02	321	Yes
55	385	\$17,662.81	203	Yes
36	383	\$10,520.85	140	Yes
33	383	\$16,722.44	251	Yes
4	346	\$4,835.60	267	Yes
35	326	\$13,537.22	124	Yes
TOTAL	5,612	\$255,816.17	2,855	

*Generics are included

Xanax*

Xanax Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
56	353	\$2,847.59	117	Yes
57	135	\$1,210.44	55	Yes
14	112	\$648.68	44	Yes
58	97	\$592.75	14	Yes
59	80	\$602.04	26	Yes
60	76	\$776.03	24	Yes
52	61	\$307.04	28	Yes
61	55	\$268.06	12	Yes
62	54	\$176.68	34	Yes
63	51	\$743.31	18	Yes
TOTAL	1,074	\$8,172.62	372	

Xanax Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
56	287	\$2,542.74	89	Yes
64	203	\$1,724.40	56	Yes
57	179	\$1,894.41	71	Yes
60	177	\$1,664.19	57	Yes
65	146	\$898.03	46	Yes
58	102	\$739.76	14	Yes
14	99	\$665.69	33	Yes
66	91	\$644.78	27	Yes
67	88	\$761.10	28	Yes
68	79	\$725.62	14	Yes
TOTAL	1,451	\$12,260.72	435	

*Generics are included

Zyprexa

Zyprexa Top Prescribers CY08

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	330	\$272,698.59	78	Yes
4	291	\$191,771.54	126	Yes
10	278	\$195,917.12	67	Yes
25	260	\$161,230.80	49	Yes
44	223	\$75,290.15	56	Yes
69	182	\$139,708.94	52	Yes
70	181	\$163,956.71	24	Yes
71	179	\$154,513.28	52	Yes
72	174	\$108,422.30	76	Yes
73	171	\$123,254.55	34	Yes
TOTAL	2,269	\$1,586,763.98	614	

Zyprexa Top Prescribers CY09

Prescriber #	Sum of SCRIPTS	Sum of PAID	# of Distinct Patients	Eligible to Bill TennCare
8	309	\$289,814.61	60	Yes
74	275	\$226,631.94	102	Yes
19	274	\$151,369.57	77	Yes
22	257	\$162,698.19	68	Yes
72	228	\$134,137.11	67	Yes
75	228	\$153,592.56	42	Yes
70	220	\$218,318.66	28	Yes
4	212	\$144,260.70	72	Yes
76	203	\$131,066.16	55	Yes
10	197	\$138,122.89	52	Yes
TOTAL	2,403	\$1,750,012.39	623	